

**Compliance/Quality Improvement
Committee Agenda
Thursday, October 15, 2026
Central Florida Cares Health System, Inc.
Board Room**



I.	Welcome/Introductions	Geovanna Gonzalez	2 minutes
II.	Elect New Committee Chair	Geovanna Gonzalez	2 minutes
III.	Approve Minutes	New Committee Chair	2 minutes
IV.	Risk Management • Incident Report Data & Trends	Miralys Martinez	10 minutes
V.	Quality Improvement • CPSSS • Network Monitoring Survey • Provider Satisfaction Survey	Jerrymer Foster	20 minutes
VI.	Compliance a) CFCHS Compliance Line Reports b) FWA/Complaints & Grievances/Investigations c) HIPAA Privacy/Security d) Training e) Network Monitoring-Schedule, Findings, Issues f) Public Records Requests g) Whistleblower Reports h) CARF	Geovanna Gonzalez	15 minutes
VII.	Other/Public Input	Group	3 minutes/person
VIII.	Next Meeting • February 18, 2027 at 1:30 pm		

**Compliance/Quality Improvement
Committee Meeting Minutes
Thursday, April 16, 2026
Board Room**



ATTENDANCE

Central Florida Cares Health System Board of Directors

Sherri Gonzales, Children's Home Society, Chair
Luis Delgado, Advocate
Wayne Holmes, Advocate
Dr. Garrett Griffin, Park Place Behavioral Health Care
James Mangan, UCF Police Dept.
Celestia McCloud, Osceola County Government

Central Florida Cares Health System, Inc. Staff

Maria Bledsoe, Chief Executive Officer
Trinity Schwab, Chief Operating Officer
Geovanna Gonzalez, Compliance Director
Jerry Mar Foster, Quality Improvement Specialist
Karla Pease, Executive Assistant

Guests

None

Meeting Called to Order

The Central Florida Cares (CFC) Compliance/Quality Improvement Committee meeting was held on Thursday, April 16, 2026, at 1:30 p.m. at 707 Mendham Blvd., Suite 201, Orlando, FL 32825. Sherri Gonzales called the meeting to order at 1:30 p.m.

Minutes

A motion to approve the February 19, 2026, minutes as drafted was made by Wayne Holmes, Dr. Garrett Griffin seconded; motion passed.

Reporting Changes

The Compliance Director suggested some proposed changes to the presentation slides. The first is adding an Executive Summary that would give an overview of the main points from the data. The number of tables and charts could be reduced and identify primary drivers for the data and add a description to each. The data could be color coded and show green as good, yellow as something that could develop an issue and red being something that needs to be addressed or has concern. Members said they like the changes.

Risk Management – Incident Report Data & Trends

- The new **Executive Summary** was presented to the committee.
- **The number of Incident reports** submitted during this fiscal year increased compared to the prior fiscal year. Providers are doing very well with their one-business day incident reporting.
- **Incident types** were also compared between Q3 of FY24/25 and Q3 of FY25/26. CFC presented details of the incident report categories for Q3. This included Employee Arrest, Employee Misconduct, Deaths, Suicide Attempts, and Elopements from residential voluntary substance use programs. The next meeting more of a narrative/story can be discussed instead of

the many charts. Members agreed. The Compliance Director mentioned that for the next meetings the data may be less than previously shown due to personnel changes that previously managed the data.

Quality Improvement

- **Person Served Satisfaction Surveys**

The Compliance Director shared that the results are an average of aggregate numbers for the network providers and Qt 3 is the first time that all domains and program area are above the 85% target, which is the self-imposed goal for the network, and better than last fiscal year. Non-compliance letters are being sent to providers that have not submitted their number of surveys due in Qt 3. For the next meeting, the number of providers who met their goal versus the number of providers who did not will be shown.

Compliance - Complaints and Grievances

- Three complaints were received on the compliance line for Qt 3. None were for FWA. Two complaints were related to patient care and one was a general concern. One was reported anonymously and two were identified. The two identified were not CFC funded. The one concern was a call to Navex and hung up before any information could be obtained.
- Network Performance Measures - All performance measures were met except two in Qt 3 and are the usual that CFC cannot meet. Nationwide measures cannot meet that percent.
- CFC's internal training was presented for FY2025-26 Qt3.
- Network Monitoring Schedule – DCF requires that 40% of the network must be monitored. CFC's goal is 44%. Qt 3 is already at 32%, with 4 remaining providers to monitor in Qt 4.
- No FWA complaints.
- No HIPAA privacy violations were reported.
- No Public Records Requests.
- No Whistleblower reported.
- CARF is in good standing.

Other/Public Input – None

Next Meeting

The full data detail may not be ready by the August meeting so members decided the next meeting will be on October 15, 2026, at 1:30 pm.

A motion to adjourn was made by Luis Delgado, Wayne Holmes seconded; motion passed.

The meeting adjourned at 2:07 pm.

Chair

Karla Pease, Recording Secretary